

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Meg Whitman for Governor 2010			Date of This Filing <u>05/20/2010</u>	Date Stamp Page 1 of 4	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (408)400-3887	I.D. NUMBER (if applicable) 1315455		Report No. <u>1948-116</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Cupertino	STATE CA	ZIP CODE 95014	No. of Pages <u>4</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/19/2010	Mr. Brian Devine Rancho Santa Fe, CA 92067-1305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman of the Board PETCO	\$25,900.00
05/19/2010	Mrs Bonnie Ellis Bakersfield, CA 93312	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Manager Sierra Process Systems, Inc.	\$10,000.00
05/19/2010	Ms Mindy Ann Ellis Bakersfield, CA 93314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse Bakersfield Heart Hospital	\$5,000.00

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Meg Whitman for Governor 2010			Date of This Filing 05/20/2010	Date Stamp Page 2 of 4	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (408)400-3887	I.D. NUMBER (if applicable) 1315455		Report No. 1948-116		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Cupertino	STATE CA	ZIP CODE 95014	No. of Pages 4		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/19/2010	Mrs Monika Freeman Bakersfield, CA 93311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker Homemaker	\$1,000.00
05/19/2010	Gardiner Farms Bakersfield, CA 93312	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00
05/19/2010	Mr Jared Hixon Bakersfield, CA 93307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rancher Hixon Ranches	\$5,000.00

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Meg Whitman for Governor 2010			Date of This Filing 05/20/2010	Date Stamp Page 3 of 4	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (408)400-3887	I.D. NUMBER (if applicable) 1315455		Report No. 1948-116		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Cupertino	STATE CA	ZIP CODE 95014	No. of Pages 4		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/19/2010	Ms. Marcy Wimbish Santa Barbara, CA 93110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker NA	\$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Meg Whitman for Governor 2010			Date of This Filing 05/20/2010 Report No. 1948-116 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 4	Date Stamp Page 4 of 4	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (408)400-3887	I.D. NUMBER (if applicable) 1315455				
STREET ADDRESS					
CITY Cupertino	STATE CA	ZIP CODE 95014			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: